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FACSIMILE COVER SHEET

January 17, 2007

Receiver: Central Fax Number/Examiner Michael H. Thaler
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TEL #:

FAX #: 571-273-8300

Sender: Mary Terry, Patent Secretary for Dean E. Wolf

Our Ref. No.: MSKTP001

Your Ref: 10/644,601

Re: Preliminary Amendment A

Pages Including Cover Sheet(s): 8

FAX CONTENTS:

Fax Cover Sheet – 1 page
Preliminary Amendment A – 6 Page
Amendment Transmittal – 1 pages

MESSAGE:

CONFIDENTIALITY NOTE

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San Francisco • Minneapolis • Oakland

JAN 17 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

Title: METHOD AND APPARATUS FOR
PERFORMING AN ACCURATELY SIZED
AND PLACED ANTERIOR CAPSULORHEXIS

CERTIFICATE OF FACSIMILE TRANSMISSION:
I hereby certify that this correspondence is being transmitted by
facsimile to the United States Patent and Trademark Office,
Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)
273-8300, Alexandria, VA 22313-1450 on: January 17, 2007
Signed: _____

Mary Terry

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	18	MINUS	20	0	x 25 = 0	x 50 = 0
Independent Claims	3	MINUS	3	0	x 100 = 0	x 200 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$0	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is
determined that such an extension is required, Applicant(s) hereby petition that such an extension
be granted and authorize the Commissioner to charge the required fees for an Extension of Time
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional
claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the
enclosed response, to Deposit Account No. 500388 (Order No. MSKTP001).

Respectfully submitted,
BEYER WEAVER LLP

Dean E. Wolf
Reg. No. 37,260

P.O. Box 70250
Oakland, CA 94612-0250

JAN 17 2007

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273-8300, Alexandria, VA 22313-1450 on: January 17, 2007
Signed: _____

Mary Terry

PRELIMINARY AMENDMENT A

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination of the above-referenced patent application on its merits, please
amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which being on page 2
of this papers.

Amendments to the Drawings begin on page 5 of this paper and include an attached
replacement sheet.

Remarks/Arguments begin on page 6 of this paper.

10/644,601

1

Atty Docket No.: MSKTP001